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 ** CONTINUING DATA ***** *NONE SA*

 ** FOREIGN APPLICATIONS ***** *NONE SA*

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Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

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08933-7003

TITLE

Rotationally stabilized contact lenses

FILING FEE RECEIVED 2350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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